

Attachment A

Requirements to Provide Integrated Treatment for Co-Occurring Disorders (IT) Services

1. The contractor has submitted a letter of intent along with supporting documentation to show interest in providing Integrated Treatment for Co-occurring Disorders. It is required that the contractor follow the integrated treatment model outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services and show progress in fidelity ratings over time. Information regarding this model can be accessed from SAMHSA at <http://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367>
2. The contractor shall meet the following requirements to be eligible to provide and bill for IT services:
 - a. Policies and procedures must be incorporated into the existing manual to guide the co-occurring services and be consistent with the integrated treatment model.
 - b. A multi-disciplinary team that includes representation, at a minimum, of the following disciplines: a psychiatric prescriber, a nurse, a qualified mental health professional, community support specialist and a qualified substance abuse professional. The number and patterns of integrated treatment team will be guided by the needs and number of clients being supported. The team shall include individuals with knowledge and training in integrated treatment skills including co-occurring disorders, motivational interviewing, stage-wise treatment, cognitive behavioral strategies and substance use disorders treatment. Residential/housing services and vocational/supported employment services will be available and accessible, through referral or provided directly, until a specialist in these areas can be added to the team.
 - c. All integrated treatment team members will be expected to pursue professional development, particularly in the area of co-occurring disorders and integrated treatment. Staff training shall include reading the Integrated Treatment for Co-occurring Disorders kit and Integrated Treatment for Dual Diagnosis: A Guide to Effective Practice by Kim T. Mueser. Integrated treatment team members will also have a training plan developed which addresses specific integrated treatment philosophies, as well as motivational interviewing, stage-wise treatment, cognitive behavioral interventions and substance use treatment.
 - d. For individual counseling, group counseling, and assessment, eligible providers must be either a qualified mental health professional (QMHP) or a qualified substance abuse professional (QSAP) and meet co-occurring counselor competency requirements established by the Department of Mental Health. For group education the eligible provider must be supervised by either a qualified mental health professional (QMHP) or a qualified substance abuse professional (QSAP) who meets the co-occurring

counselor competency requirements established by the Department of Mental Health Co-occurring counselor competency requirements are defined as:

- 1) a QMHP or a QSAP with one year of training or supervised experience in substance abuse treatment, and
 - 2) if an individual has less than one year of experience in IT, must be actively acquiring 24 hours of training in IT specific content and receive supervision (could be via phone under contract) from experienced IT staff.
- e. Quality improvement plan includes monitoring compliance with contractor's integrated treatment program philosophy and mission statement, identifying and measuring client outcomes specific to integrated treatment, self-assessing fidelity to the integrated treatment model and client satisfaction.
- f. Services will be delivered according to the Integrated Treatment for Co-occurring Disorders model; will be time unlimited with the intensity modified according to level of need and degree of recovery; will include outreach efforts; will include specific interventions to promote physical health especially related to substance use behaviors; and will target specific services to non-responders. The following will be expected:
- 1) All clients receive a screening for both mental health and substance use/abuse disorders using Department identified screening tools. If a person presents with both mental health and substance use identified service needs, then
 - 2) The person will receive an integrated mental health/substance abuse assessment, which identifies service needs as well as the individual's stage of readiness to change. The assessment of readiness to change should be multi-dimensional and address a variety of life areas, symptoms, etc.
 - 3) An integrated treatment plan will be developed by the multi-disciplinary team, and will include the client. For persons with co-occurring disorders, the treatment plan will always address mental health and substance abuse, and will typically involve building both skills and supports for recovery goals. All interventions are consistent with and determined by the individual's stage of treatment (engagement, persuasion, active treatment, relapse prevention) that is identified.
 - 4) Integrated treatment services will include crisis intervention, medication services, medication administration, community support, outreach/engagement, co-occurring individual counseling, co-occurring group counseling, and co-occurring group education. Until and unless housing and vocational specialists are part of the multidisciplinary team, referral arrangements must be established and available for those services. Referral arrangements must also be established and available for those needing detoxification or hospitalization services.
 - 5) Staff will help individuals in the engagement and persuasion stages recognize the consequences of their substance use, resolve ambivalence related to their addiction, and introduce them to self-help

principles. Clients in the active treatment or relapse prevention stage are provided counseling to address relapse prevention planning and assisted to connect with self-help programs in the community.

6) In order to establish an understanding of the nature of the psychiatric illness and its interaction with substance use, families and significant others will receive education and, as appropriate, be involved in therapy.

g. Fidelity to the Integrated Treatment for Co-occurring Disorders model and successful consumer outcomes is the goal of implementing this evidence based practice. Fidelity to the integrated treatment model is a developmental process. The expectation is that agencies will develop a plan and make gradual steps to full fidelity. Agencies do not have to reach full fidelity before the additional billing codes can be added to the contract.

3. Fidelity to the integrated treatment model will be measured using the protocol and scale items identified by the Department.